LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:	NAIC Company Code:
Contact:	Telephone:
DECLIDED OF INCC IN THE CTATE OF.	Eilin - M. J. D 41 - V 2022

(1)	(2)	OMPANIES BEGIN FILING LIFE/FRATERNAL STATEMEN (3)		(4)		(5)	(6)	(7)
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE		BER OF CO		DUE DATE	FORM SOURCE**	APPLICABLE NOTES
CHECKHSI	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	NAIC	Foreign State	DOEDATE	SOURCE	NOTES
		I. NAIC FINANCIAL STATEMENTS	State	Tune	State		I.	
	1	Annual Statement (8 ½"x14")	2	EO	0	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	0	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 ½ 'x 14')	2	EO	0	3/13, 8/13, 11/13	NAIC	
-	3	Separate Accounts Annual Statement (8 72 x14)		EO	U	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	1.1			EO	0	4/1	NAIC	
	11 12	Accident & Health Policy Experience Exhibit	2 2	EO EO	0	4/1	NAIC NAIC	
		Credit Insurance Experience Exhibit			XXX		NAIC	
	13	Health Care Receivables Supplement	2	EO	XXX	3/1		
	14	Life, Health & Annuity Guaranty Association	2	EO		4/1	NAIC	
	1.5	Assessable Premium Exhibit, Parts 1 and 2	2	EO	XXX	4/1	NAIC	
	15	Long-term Care Experience Reporting Forms	2	EO	XXX	4/1	NAIC	
	16	Management Discussion & Analysis	2	EO	0	4/1	Company	
	17	Medicare Supplement Insurance Experience Exhibit	2	EO	XXX	3/1	NAIC	
	18	Medicare Part D Coverage Supplement	2	F-0		3/1, 5/15, 8/15,	37.470	
	16	D11 D 10 11D		EO	0	11/15	NAIC	
	19	Risk-Based Capital Report	2	EO	0	3/1	NAIC	
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	21	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	0	4/1	NAIC	
	23	Supplemental Health Care Exhibit's Allocation Report	2	EO	0	4/1	NAIC	
	24	Supplemental Investment Risk Interrogatories	2	EO	0	4/1	NAIC	
	25	Supplemental Schedule O	2	EO	XXX	3/1	NAIC	
	26	Supplemental Term and Universal Life Insurance	2					
		Reinsurance Exhibit		EO	0	4/1	NAIC	
	27	Trusteed Surplus Statement	2			3/1, 5/15, 8/15,		
		-		EO	XXX	11/15	NAIC	
	28	Variable Annuities Supplement	2	EO	0	4/1	NAIC	
	29	VM 20 Reserves Supplement	2	EO	0	3/1	NAIC	
	30	Workers' Compensation Carve-Out Supplement	2	EO	0	3/1	NAIC	
		Actuarial Related Items						
	31	Actuarial Certification regarding use 2001 Preferred	2					
		Class Table		EO	0	3/1	Company	
	32	Actuarial Certification Related Annuity Nonforfeiture	2					
		Ongoing Compliance for Equity Indexed Annuities		EO	0	3/1	Company	
	33	Actuarial Memorandum Related to Universal Life	2					
		with Secondary Guarantee Policies required by						
		Actuarial Guideline XXXVIII 8D		N/A	XXX	4/30	Company	
	34	Actuarial Opinion	2	EO	0	3/1	Company	
	35	Actuarial Opinion on Separate Accounts Funding	2					
		Guaranteed Minimum Benefit		EO	0	3/1	Company	
	36	Actuarial Opinion on Synthetic Guaranteed	2					
		Investment Contracts		EO	0	3/1	Company	
	37	Actuarial Opinion on X-Factors	2	EO	0	3/1	Company	
	38	Actuarial Opinion required by Modified Guaranteed	2					
		Annuity Model Regulation		EO	0	3/1	Company	
	39	Request for Life PBR Exemption (formerly	2			Commissioner	1 1	
		Companywide Exemption)		E/O	0	7/1 NAIC 8/15	Company	
	40	Executive Summary of the PBR Actuarial Report	2	N/A	0	4/1	Company	
		Life Summary of the PBR Actuarial Report	2	N/A	0	4/1	Company	
	41			- ", * 1				
	41		2.					
	41 42	Variable Annuities Summary of the PBR Actuarial	2	N/A	0	4/1	Company	
	42	Variable Annuities Summary of the PBR Actuarial Report		N/A N/A	0	4/1	Company	
	42	Variable Annuities Summary of the PBR Actuarial Report PBR Actuarial Report (provide upon request)	2	N/A	0		Company	
	42	Variable Annuities Summary of the PBR Actuarial Report				4/1 4/1 3/1,5/15, 8/15,		

(1)	(2)	(3)		(4)		(5)	(6)	(7)
CI III				BER OF CO		DITE DAME	FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom State	estic NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
	46	Reasonableness of Assumptions Certification required	0	NAIC	State	3/1,5/15, 8/15,		
	40	by Actuarial Guideline XXXV	U	EO	VVV	11/15	Company	
	47	Reasonableness & Consistency of Assumptions	2	EO	XXX	11/13	Company	
	47		2			2/1 5/15 0/15		
		Certification required by Actuarial Guideline XXXVI		F0		3/1,5/15, 8/15,		
	40	(Updated Average Market Value)	2	EO	XXX	11/15	Company	
	48	Reasonableness & Consistency of Assumptions	2			0/1 5/15 0/15		
		Certification required by Actuarial Guideline XXXVI				3/1,5/15, 8/15,		
		(Updated Market Value)		EO	XXX	11/15	Company	
	49	Reasonableness of Assumptions Certification for	2					
		Implied Guaranteed Rate Method required by				3/1,5/15, 8/15,	_	
		Actuarial Guideline XXXVI		EO	XXX	11/15	Company	
	50	RBC Certification required under C-3 Phase I	2	EO	0	3/1	Company	
	51	RBC Certification required under C-3 Phase II	2	EO	0	3/1	Company	
	52	Statement on non-guaranteed elements - Exhibit 5 Int.	2					
		#3		EO	0	3/1	Company	
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	EO	0	3/1	Company	
		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					1	
		III. ELECTRONIC FILING REQUIREMENTS		1	l .	1	1	ı
	61	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	62	March .PDF Filing		EO		3/1	NAIC	
			XXX		XXX			
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	65	Separate Accounts Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	66	Separate Accounts .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	67	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	68	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
	, 1	June it Di Timig	AAA	LO	AAA	0/1	117110	
		IV. AUDIT/INTERNAL		l				
		CONTROL RELATED REPORTS						
	0.1		2	FO	NT/A	C/1	- C	1
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO	0	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	2	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters	2					
		Noted in Audit		EO	N/A	8/1	Company	
	85	Independent CPA (change)	2	N/A	N/A		Company	
	86	Management's Report of Internal Control Over	2					
		Financial Reporting		N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	2	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead	2	,	/	1		
		audit partner		EO	0	3/1	Company	
	89	Relief from the one-year cooling off period for	2			J. 1	Company	
	0,9	independent CPA		EO	0	3/1	Company	
	00	Relief from the Requirements for Audit Committees	2	EO	0	3/1		
	90		2	EU	U	J/ 1	Company	
	91	Request for Exemption to File Management's Report	2	DT/A	NT/A			
	 	of Internal Control Over Financial Reporting		N/A	N/A	1	Company	
				<u> </u>		l		
		V. STATE REQUIRED FILINGS		1		T	T	ı
			2	0	N/A	6/1	Company	
	101	Corporate Governance Annual Disclosure***						
	101 102	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	
				0	0	3/1	State	
	102	Filings Checklist (with Column 1 completed)		0	0	3/1	State	
	102	Filings Checklist (with Column 1 completed) Form B & C - Holding Company Registration		0	0	5/1	State	
	102	Filings Checklist (with Column 1 completed) Form B & C - Holding Company Registration Statement. Must be accompanied by the proper Rule 57 fee of \$100.	2	0	0	5/1	Company	
	102	Filings Checklist (with Column 1 completed) Form B & C - Holding Company Registration Statement. Must be accompanied by the proper Rule	1	,				

Checkish Like # REQUIRED FILINGS FOR THE ABOVE STATE 100 Premium Tax	(1)	(2)	(3)		(4)		(5)	(6)	(7)
106 Permium Tax-https://insurance.arkansas.gov/pages/industry-regulation/accounting/ List of Forms & Due Dates: https://insurance.arkansas.gov/pages/filing_due_dates_2020.pdf Tax Filings & Annual Fees; https://www.optins.org/ 0 State 107 State Filing Fees; https://www.optins.org/ 0 State 108 State Filing Fees; https://www.optins.org/ 0 State 108 State Filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 0 3/1 State 108 Stigned Jurat: Document must be filed in electronic pdf format at. Insurance.finance@arkansas.gov 0 1 3/1 annual filing only NAIC 109 Certificate of Deposit — All foreign insurers who hold a certificate of authority in Arkansas are now required to ental at PDF electronic copy of an original Certificate of Deposit from the state of domicile only to the following ental address. aid-certificate-of Deposit from the state of domicile only to the following ental address. address filing arkansas.gov (DO NOT MAIL HARD COPIES) On the subject line, list the company's NAIC# and full name of the company. Questions: 501-371-2679 or mains landers@arkansas.gov On the subject line, list the company's NAIC# and full name of the company. Advertising Certificate of Compliance Find form at: https://insurance.arkansas.gov/uploads/pages/adcert_compliance. 1	Checklist		REQUIRED FILINGS FOR THE ABOVE STATE	NUME Domes	ER OF CO	PIES* Foreign	DUE DATE		APPLICABLE NOTES
List of Forms & Due Dates: https://www.optins.org/		106		State	NAIC	State			
thttps://insurance.arkansas.gov/uploads/pages/filing_due_dates_202.pdf Tax Filings & Annual Fees: https://www.optins.org/ All filing Fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic pdf format at; Insurance finance@arkansas.gov for the annual filing only. 200 Certificate of Deposit — All foreign insurers who hold a certificate of authority in Arkansas are now required to email a PDF electronic copy of an original Certificate of Deposit from the state of domicile only to the following email address; add.certificateofdepositfiling@arkansas.gov (DO NOT MAIL HARD COPIES) On the subject line, list the company's NAIC# and full name of the company. Questions: 501-371-2679 or malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation Advertising Certificate of Compliance-Find form at: https://insurance-arkansas.gov/pulploads/pages/adeert_compliance_2020.pdf and email it to linsurance.finance@arkansas.gov 111 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan Reber@arkansas.gov is company financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial Anti-Fraud Assessment & Company Financial			https://insurance.arkansas.gov/pages/industry- regulation/accounting/						
107 State Filing Fees; https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 108 Signed Jurat: Document must be filed in electronic pdf format at: Insurance. finance@arkansas.gov for the annual filing only. xxx 0 1 only NAIC			https://insurance.arkansas.gov/uploads/pages/filing_d						
107 State Filing Fees: https://www.optins.org/ All filing fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. 0 3/1 State			Tax Filings & Annual Fees: https://www.optins.org/		0			State	
108 Signed Jurat: Document must be filed in electronic pdf format at: Insurance, finance@arkansas.gov for the annual filing only. 3/1 annual filing only 3/1 annual filing only NAIC		107	All filing fees for certificate of authority renewal and annual statement filing fees are included on the		U		3/1		
Certificate of Deposit – All foreign insurers who hold a certificate of authority in Arkansas are now required to email a PDF electronic copy of an original Certificate of Deposit from the state of domicile only to the following email address: aid.certificateofdepositfiling@arkansas.gov		108	.pdf format at: <u>Insurance.finance@arkansas.gov</u>				3/1 annual filing		
required to email a PDF electronic copy of an original Certificate of Deposit from the state of domicile only to the following email address: aid.certificateofdepositfiling@arkansas.gov (DO NOT MAIL HARD COPIES) On the subject line, list the company's NAIC# and full name of the company. Questions: 501-371-2679 or malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation		109		XXX	0	1	only	NAIC	
On the subject line, list the company's NAIC# and full name of the company. Questions: 501-371-2679 or malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation N/A			required to email a PDF electronic copy of an original Certificate of Deposit from the state of domicile only to the following email address:						
full name of the company. Questions: 501-371-2679 or malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation N/A									
malisa.landers@arkansas.gov 110 Certificate of Compliance & Certificate of Valuation Advertising Certificate of Compliance- Find form at: https://insurance.arkansas.gov/uploads/pages/adcert_compliance_2020.pdf and email it to lnsurance.Finance@arkansas.gov 111 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 113 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial									
Advertising Certificate of Compliance- Find form at: https://insurance.arkansas.gov/uploads/pages/adcert_co mpliance_2020.pdf and email it to Insurance.Finance@arkansas.gov 112 Anti-Fraud Plan: Ark. Code Ann.\$23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. 113 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial				<mark>N/A</mark>	0	1	3/1	State	
https://insurance.arkansas.gov/uploads/pages/adcert_co mpliance_2020.pdf and email it to Insurance.Finance@arkansas.gov 1		110		N/A	N/A	N/A	N/A	N/A	Not required
& Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796. Varies by Company 113 Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial		111	https://insurance.arkansas.gov/uploads/pages/adcert_compliance_2020.pdf and email it to	1	0	1	3/1	State	Do not send hard copy, email only.
Regulation Fee. https://www.optins.org/ These are on a Combined Form in the OptIns system. **Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial		112	& Rule 66. For questions contact, <u>Dan.Reber@arkansas.gov</u> or 501-371-2796.						Varies by Company
Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial		113	Anti-Fraud Assessment & Company Financial Regulation Fee. https://www.optins.org/						
Advantage Plans Only are exempt from filing the Anti-Fraud Assessment & Company Financial			These are on a Combined Form in the OptIns system.						
1 0 1 6/1 OptIns			Advantage Plans Only are exempt from filing the	1		1	6/1	Onting	

114	Affiliated Transaction Disclosure Form for Arkansas						ļ
	Domestics not subject to the Holding Co ACT- This form						
	may be modified in a non-substantive manner to						
	accommodate reporting. The original and one copy of the						
	form should be mailed to:						
	ARKANSAS INSURANCE DEPARTMENT						
	FINANCE DIVISION						
	1 Commerce Way, Suite 505						
	Little Rock, AR 72202-2087						
	This form may be filed electronically as a PDF file by						
	emailing to insurance.finance@arkansas.gov. If filed						
	electronically, the original form evidencing the original						
	signatures should be kept on file at the Company for 5						
	years.						
	The blank form is available electronically at:						
	https://insurance.arkansas.gov/pages/industry-						A11
	regulation/finance/forms/						domestic
							companies
							(except
							FMAAs)
							which are not
							subject to the
						ĺ	Holding
		_	_	27/4		g	Company
		2	0	N/A	3/1,5/15,8/15,11/15	State	Act

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

***For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm.

****For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

*****For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: https://www.naic.org/public_lead_state_report.htm

A	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) Required Filings Contact Person: Accounting Division 501-371-2605	Contact for Financial Statements: Kimberly Johnson, Insurance Senior
	insurance.Accounting@arkansas.gov	Examiner, Finance Division 501- 371-2680 insurance.finance@arkansas.gov
В	Mailing Address for ANNUAL/QUARTERLY STATEMENTS: All items must be mailed U.S Mail, Postal Express (UPS, Fed Ex or Etc.); Priority Mail & Certified Mail is also accepted. All filings must be physically received at the address noted, no later than the due date. Companies will be fined \$100 per day for a late filing.	Arkansas Insurance Department Attn: Finance Division 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087
С	Mailing Address for Filing Fees:	Filed and paid through OPTins http://www.optins.org/
D	Mailing Address for Premium Tax Payments:	Filed and paid through OPTins http://www.optins.org/

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		,
E	Delivery Instructions: All filings must be physically received at the Department, no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. (PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)	Arkansas Insurance Department Attn: Finance Division 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087
F	Late Filings:	Companies will be fined \$100 per day for a late filing.
G	Original Signatures: Our Department will be temporarily accepting electronic signatures.	Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.
Н	Signature/Notarization/Certification: If a Company is unable to make a hard copy filing at this time, due to Covid, the Department will accept electronic filings with electronic signatures. See Bulletin No 32-2020 https://insurance.arkansas.gov/uploads/resource/documents/32-2020.pdf Companies are expected to keep a list of all filings made electronically in lieu of hard copy filings, in order to file all hard copies with AID within 60 days after the state has allowed a universal return to work.	For questions: Send an email to Insurance.Finance@arkansas.gov All electronic filings should be emailed to: Insurance.Finance@Arkansas.gov
I	Amended Filings or Request for an Extension to File: If your Company believes that it will not be able to meet a deadline required by law or order, please contact the Finance Division. Companies are required to make all mandated electronic filings with the NAIC, as well as those that are filed with the Department.	Insurance.Finance@arkansas.gov

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when submitting information to the state.

Column (2) Line

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The *March.PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts.PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplement.PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The Quarterly.PDF Filing is the .pdf for quarterly statement data.

The June.PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.

w:\qa\blanks\checklists\2020 filings made in 2021\2 lifecklist_2020_filingsmade2021.docx